

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Mike Lucius	TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215-1700
EMAIL bob.fagan@msdh.state.ms.us	SUBMIT DATE 7/16/13	Name or number of rule(s): Title 15, Part 16 Subpart 1, Ch. 41 Minimum Standards of Operation for Mississippi Hospitals, Subchapter 83		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amendment to: Chapter 41 – Modifies standards to state "Except as a pilot program approved by the MSDH. Services shall be in close proximity to an exterior entrance of a hospital". Additional requirements specific to a pilot freestanding program was added to the Minimum Standards of Operation for Mississippi Hospitals as Subchapter 83.

List all rules repealed, amended, or suspended by the proposed rule: Rule: 41.27.3; Subchapter 83

ORAL PROCEEDING:

- ☐ An oral proceeding is scheduled for this rule on (see attached listing) Date: Time: Place:
☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- ☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

- ____ Original filing
 ____ Renewal of effectiveness
 To be in effect in ____ days
 Effective date:
 ____ Immediately upon filing
 ____ Other (specify): ____

PROPOSED ACTION ON RULES

- Action proposed:
 ____ New rule(s)
 ____ Amendment to existing rule(s)
 ____ Repeal of existing rule(s)
 ____ Adoption by reference
 Proposed final effective date:
 ____ 30 days after filing
 ____ Other (specify): ____

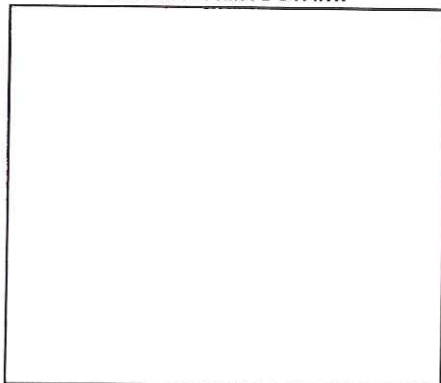
FINAL ACTION ON RULES

- Date Proposed Rule Filed: 5/30/2013
 Action taken:
☒ Adopted with no changes in text
 ____ Adopted with changes
 ____ Adopted by reference
 ____ Withdrawn
 ____ Repeal adopted as proposed
 Effective date:
☒ 30 days after filing
 ____ Other (specify): ____

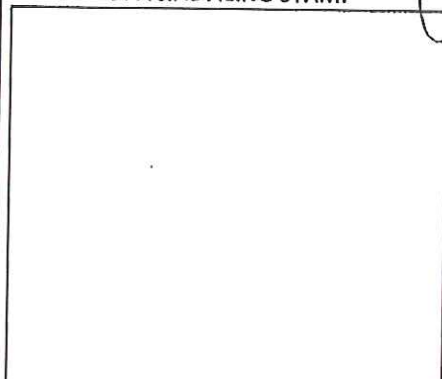
Printed name and Title of person authorized to file rules: Mike Lucius, Deputy State Health Officer/Chief Administrative Officer

Signature of person authorized to file rules: *Mike Lucius by Ben Fagan*

OFFICIAL FILING STAMP



Accepted for filing by

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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.